

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2016 OCT 26 A 11:36

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No. 2016004974
License No. 4454

GULF COAST TREATMENT CENTER, INC. d/b/a
GULF COAST TREATMENT CENTER,

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing. The Respondent returned the Election of Rights form selecting "Option 1" (Ex. 2), thus waiving the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint.

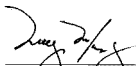
Based upon the foregoing, it is **ORDERED**:

2. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.

3. The Respondent shall pay the Agency \$1,000.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 26 day of October, 2016.



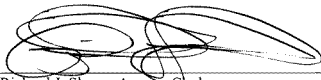
Justin M. Senor, Interim Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 26th day of October, 2016.



Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Lindsey Miller, Assistant General Counsel Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Gulf Coast Treatment Center, Inc. d/b/a Gulf Coast Treatment Center 1015 Mar Walt Drive Fort Walton Beach, Florida 32547 (U.S. Mail)

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,**

Petitioner,

v.

**GULF COAST TREATMENT CENTER, INC. d/b/a
GULF COAST TREATMENT CENTER,**

AHCA No. 2016004974

License No. 4454

File No. 111520

Provider Type: Hospital

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW, the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter “the Agency”), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent, Gulf Coast Treatment Center, Inc. d/b/a Gulf Coast Treatment Center (hereinafter “the Respondent”), pursuant to Sections 120.569 and 120.57, Florida Statutes (2015), and alleges as follows:

NATURE OF THE ACTION

This is an action against a hospital to impose administrative fines in the amount of one thousand dollars (\$1,000.00).

JURISDICTION AND VENUE

1. The Court has jurisdiction over the subject matter pursuant to Sections 120.569 and 120.57, Florida Statutes (2015).
2. The Agency has jurisdiction over the Respondent pursuant to Sections 20.42 and 120.60, and Chapters 395, Part I, and 408, Part II, Florida Statutes (2015).
3. Venue lies pursuant to Rule 28-106.207, Florida Administrative Code.

PARTIES

4. The Agency is the licensing and regulatory authority that oversees hospitals in Florida and enforces the applicable federal and state regulations, statutes and rules that govern such facilities. Chs. 395, Part I, 408, Part II, Fla. Stat. (2015), Chs. 59A-3 and 59A-10, Fla. Admin. Code. The Agency may deny, revoke, and suspend any license issued to a hospital, or impose an administrative fine, for a violation of the Health Care Licensing Procedures Act, the authorizing statutes or applicable rules. §§ 408.813, 408.815, 408.831, 395.003, 395.1041, 395.1065, Fla. Stat. (2015).

5. The Respondent was issued a license by the Agency (License Number 4544) to operate a 24-bed psychiatric hospital located at 1015 Mar Walt Drive, Fort Walton Beach, Florida 32547, and was at all times material required to comply with the applicable federal and state regulations, statutes and rules.

6. On or about February 9-11, 2016, the Agency conducted an unannounced licensure survey of the Respondent's facility.

COUNT I (Tag H076)

Respondent Failed To Ensure That The Kitchen Was Maintained In A Sanitary Manner In Violation Of F.A.C. 59A-3.2085(1)(j)-(p)

7. The Agency re-alleges and incorporates by reference paragraphs 1 through 6.
8. Rule 59A-3.2085, F.A.C., provides in pertinent part:

59A-3.2085 Department and Services.

(1) Nutritional Care. All licensed hospitals shall have a dietetic department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the hospitals in a manner designed to assure the provision of appropriate nutritional care and quality food service.

(j) The dietetic department shall be designed and equipped to facilitate the safe, sanitary, and timely provision of food service to

meet the nutritional needs of patients.

(k) The dietetic department shall have adequate equipment and facilities to prepare and distribute food, protect food from contamination and spoilage, to store foods under sanitary and secure conditions, and to provide adequate lighting, ventilation and humidity control.

(l) The dietetic department shall thoroughly cleanse and sanitize food contact surfaces, utensils, dishes and equipment between periods of use, shall ensure that adequate toilet, hand-washing and hand-drying facilities are conveniently available, and provide for adequate dishwashing and utensil washing equipment that prevent recontamination and are apart from food preparation areas.

(m) The dietetic department shall ensure that all walk-in refrigerators and freezers can be opened from inside and that all food and nonfood supplies are clearly labeled. Where stored in the same refrigerator, all nonfood supplies and specimens shall be stored on separate shelves from food supplies.

(n) The dietetic department shall implement methods to prevent contamination in the making, storage, and dispensing of ice.

(o) The dietetic department shall ensure that disposable containers and utensils are discarded after one use, and that worn or damaged dishes and glassware are discarded.

(p) The dietetic department shall hold, transfer, and dispose of garbage in a manner which does not create a nuisance or breeding place for pests or otherwise permit the transmission of disease.

. . .

9. Based on observation and staff interview, the Respondent's facility failed to ensure the safe and sanitary provision of food service. The Facility failed to ensure that food was protected from contamination and spoilage and to store foods under sanitary conditions. The Facility further failed to provide for adequate dishwashing and utensil washing equipment to prevent recontamination, and the hospital failed to prevent contamination in the making, storage, and dispensing of ice.

10. On February 10, 2016 at approximately 8:45am, milk cartons were observed stored in a bin on ice on the serving line for breakfast. Residents were observed examining milk cartons for expiration dates and rejecting several milk cartons.

11. On examination, 10 cartons were noted to have an expiration date of February 9, 2016. The Kitchen Manager agreed the milk cartons were out of date and immediately removed the cartons from service and provided non-expired milk for residents.

12. On February 9, 2016 at approximately 10:10am, an ice scoop was observed to be stored uncovered on top of the ice-maker. The Kitchen Manager stated that the scoop would be removed and stored appropriately.

13. On February 10, 2016 at approximately 8:45am, the scoop remained unmoved and uncovered.

14. An interview was conducted with the Kitchen Manager. The Kitchen Manager verified that the scoop had not been moved and stated that she had informed maintenance and that they would be obtaining a container this week to store the ice scoop. The Kitchen Manager attempted to find an adequate storage mode for the scoop and was unable. The scoop was removed for cleaning by the Kitchen Manager.

16. On February 9, 2016, a freestanding refrigerated cooler located in the kitchen was observed to have an internal temperature measurement of 40 degrees Fahrenheit according to the built-in thermometer on the outside of the appliance.

17. A random milk carton temperature was measured by Dietary Staff Member A, with a measurement of 50 degrees Fahrenheit.

18. A second random milk carton temperature was measured by a staff member from a box in the lower half of the cooler with a reading of 40 degrees Fahrenheit.

19. The Kitchen Manager was brought to the cooler for interview and agreed that this was an inappropriate temperature for milk storage and immediately removed all milk cartons from cooler.

20. The Kitchen Manager stated there were no logs available for review or documentation of periodic temperature tests.

21. Follow-up observations on February 10, 2016 at approximately 8:30am confirmed that no food items were being stored in the cooler.

22. On February 9, 2016 at approximately 3:30pm, a double fryer was observed to have covers with excessive grease and food particles on the top and bottom of the frying compartment covers and around all margins of the fryer, and food particles floating on the surface of the oil.

23. On February 10, 2016 at approximately 8:45am, the double fryer was observed to remain unchanged. An interview was conducted with the Kitchen Manager during the observation.

24. The Kitchen Manager verified that fryers were unclean and stated that they had likely been used to fry fish in the last week or so and probably had not been cleaned since the fryer's last use. A review of the menu shows fried fish approximately 2 weeks ago.

25. The Kitchen Manager stated that she would ensure the fryers would be cleaned today. Per the menu and Staff Member A, the fryers were going to be used for frying French fries for dinner on February 10, 2016.

26. A follow-up observation on February 11, 2016 at approximately 10:00am showed that both compartments of the fryer had food particles floating on surface of the oil, build-up of food particles on sides of frying compartments, and grease and food particles on the covers.

27. Staff Member B agreed that fryers were uncleaned and had food particles floating on the surface of the oil.

28. Under Florida law, the Agency may impose an administrative fine, not to exceed \$1,000 per violation, per day, for the violation of any provision of Chapter 395, Part I, or Chapter 408, Part II, or the applicable rules. Each day of violation constitutes a separate violation and is subject to a separate fine. § 395.1065(2)(a), Fla. Stat. (2015).

29. Under Florida law, as a penalty for any violation of Chapter 408, Part II, the authorizing statutes, or the applicable rules, the Agency may impose an administrative fine. Unless the amount or aggregate limitation of the fine is prescribed by authorizing statutes or applicable rules, the Agency may establish criteria by rule for the amount or aggregate limitation of administrative fines applicable to this part, authorizing statutes, and applicable rules. Each day of violation constitutes a separate violation and is subject to a separate fine. For fines imposed by final order of the Agency and not subject to further appeal, the violator shall pay the fine plus interest at the rate specified in Section 55.03, Florida Statutes, for each day beyond the date set by the Agency for payment of the fine. § 408.813, Fla. Stat. (2015).

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully requests the Court to impose an administrative fine against the Respondent in the amount of one thousand dollars (\$1,000.00).

CLAIM FOR RELIEF

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully requests the Court to grant the following relief:

A. Enter findings of fact and conclusions of law in favor of the Agency as set forth in

the complaint, specifically sustaining the sanctions sought to be imposed hereby.

B. Order any other relief deemed appropriate.

RESPECTFULLY SUBMITTED this 22nd day of September, 2016.



LINDSEY MILLER

Assistant General Counsel

FL Bar No.: 121410

Agency for Health Care Administration

2727 Mahan Drive, Bldg. 3, MS #3

Tallahassee, Florida 32308

Tel: (850) 412-3941 Fax: (850) 922-9634

Lindsey.Miller@ahca.myflorida.com

NOTICE

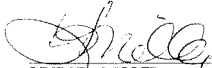
The Respondent is notified that it/he/she has the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If the Respondent wants to hire an attorney, it/he/she has the right to be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights form.

The Respondent is further notified if the Election of Rights form is not received by the Agency for Health Care Administration within twenty-one (21) days of the receipt of this Administrative Complaint, a final order will be entered.

The Election of Rights form shall be made to the Agency for Health Care Administration and delivered to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights Form were served to the named below by the method designated on this 22nd day of September, 2016.



LINDSEY MILLER
Assistant General Counsel
FL Bar No.: 121410
Agency for Health Care Administration
2727 Mahan Drive, Bldg. 3, MS #3
Tallahassee, Florida 32308
Tel: (850) 412-3941 Fax: (850) 922-9634
Lindsey.Miller@ahca.myflorida.com

Copies furnished to:

CT Corporation System c/o CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324 (U.S. Certified Mail: 9171999991703363504504)	Gulf Coast Treatment Center, Inc. d/b/a Gulf Coast Treatment Center 1015 Mar Walt Drive Fort Walton Beach, Florida 32547 (U.S. Certified Mail: 9171999991703363728016)
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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: Gulf Coast Treatment Center, Inc. d/b/a
Gulf Coast Treatment Center

AHCA No. 2016004974

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed agency action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint**.

Your Election of Rights may be returned by mail or by facsimile transmission, **but must be filed within 21 days** of the day you receive the attached Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.

If your Election of Rights with your selected option is not received by AHCA within 21 days of the day you received this proposed agency action by AHCA, you will have given up your right to contest the proposed action and a Final Order will be issued.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Telephone: 850-412-3630 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) ____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) ____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing **OPTION THREE (3)**, by itself, is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License Type: _____ (ALF? Nursing Home? Medical Equipment? Other Type?)

Licensee Name: _____ License Number: _____

Contact Person: _____
Name Title

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____ E-Mail(optional) _____

I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**Re: Gulf Coast Treatment Center, Inc. d/b/a
Gulf Coast Treatment Center**

AHCA No. 2016004974

ELECTION OF RIGHTS

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(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration

Attention: Agency Clerk

2727 Mahan Drive, Mail Stop #3

Tallahassee, Florida 32308

Telephone: 850-412-3630

Facsimile: 850-921-0158

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PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) ✓ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

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1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License Type: HOSPITAL (ALF? Nursing Home? Medical Equipment? Other Type?)

Licensee Name: GULF COAST TREATMENT License Number: 4454

Contact Person: KAREN JACKSON CEO
Name Title

Address: 1015 MAR WALT DR. FORT WALTON BEACH 32547
Number and Street City Zip Code

Telephone No. 850-863-4160 Fax No. 850-863-8576 E-Mail(optional) KAREN.JACKSON@UHSINC.COM
X203

I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed:  Date: 9/26/16

Print Name: JEANNETTE JACKSON Title: CEO